

Shunt types:

- Shunts used to treat hydrocephalus:
 - Ventriculo-peritoneal (VP)
 - Ventriculo-atrial (VA)
 - Ventriculo-pleural (VPI)
- Neonatal shunts to treat intraventricular hemorrhage:
 - Ventriculo-subgaleal (VSG)
 - Ventricular reservoir / access device (VAD)
- Cranial shunts not used to treat hydrocephalus:
 - Subdural-peritoneal (SDP)
 - Cysto-peritoneal (CP)
- Spinal shunts:
 - Lumbo-peritoneal (LP)
 - Syringo-pleural (SP)
 - Syringo-subarachnoid (SSA)

Troubleshooting Neurosurgical Shunt for Infection

Identification of patient's shunt

Does the patient have fever or concern for a surgical site infection?

Is there still a shunt concern?

See shunt malfunction

Has the patient had shunt surgery, abdominal surgery, or peritonitis in the past six months?

Is there a probable alternate primary source of infection?

Based on HPI and exam, consider other diagnoses and W/U

Obtain CRP and CBC

Are these labs normal?

Based on HPI and exam, consider other diagnoses and w/u

If no alternate source of infection, contact neurosurgery to discuss CSF sampling (LP versus shunt tap)

Is CRP elevated per CMH reference value?

Is there an alternate source of infection?

Is CRP greater than 7.0 mg/L?

Has the patient been exposed to antibiotics in past two weeks?

Contact neurosurgery to discuss:

- Differential
- Initial care
- If antibiotics should be initiated

